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ABSTRACT

This bulletin describes how parenting patterns are learned and how the Nurturing Parenting Programs, a group- and home-based intervention effort begun with the support of the National Institute of Mental Health, help stop generational cycles of abuse and neglect by building nurturing parenting skills. Section 1 examines the need for effective intervention. Section 2 discusses how parenting patterns are learned (process and product, abusive and nurturing parent continuum, parent experiences, and behavior and self-image). Section 3 examines abusive parenting and childrearing (e.g., inappropriate parental expectations of children, lack of empathy toward children's needs, and belief in the value of physical punishment). Section 4 discusses theoretical assumptions of the Nurturing Parenting Programs (the family is a system, empathy is the most desirable quality in nurturing parents, parenting exists on a continuum, and no one truly prefers abusive interactions). Section 5 examines program objectives, including: stopping the intergenerational cycle of abuse by building parenting skills, reducing recidivism rates in families receiving social services, and reducing juvenile delinquency rates among at-risk youth. Section 6 presents program content, including target populations, adaptations for special populations, program formats, staff, and session content. Section 7 discusses facilitator qualifications and training. Section 8 describes program evaluation, which indicates that participants show significant posttest changes in parenting attitudes and childrearing practices. (Contains 14 references.) (SM)

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John J. Wilson, Acting Administrator
November 2000

JUVENILE JUSTICE BULLETIN

The Nurturing Parenting Programs

Stephen J. Bavolek, Ph.D.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to preventing and reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public during the past decade and challenged the juvenile justice system. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The focus of OJJDP's Family Strengthening Series is to provide assistance to ongoing efforts across the country to strengthen the family unit by discussing the effectiveness of family intervention programs and providing resources to families and communities.

Child abuse and neglect are tragic realities within millions of families worldwide. Each day children are abandoned, neglected, beaten, tortured, mutilated, sexually molested, starved, and terrorized. Sadly, violence toward children is not a new phenomenon; it is deeply rooted in cultural and religious values. Reasons offered throughout the centuries to justify child maltreatment include eliminating children with disabilities, expelling evil spirits, pleasing certain gods, maintaining discipline at home, and transmitting educational concepts (Radbill, 1974). Although the first three practices may still occur in remote regions of the world, contemporary social scientists agree that the continued maltreatment of children today is primarily the result of poorly trained adults who, in their roles as parents and caretakers, attempt to instill discipline and educate children within the context of the violence they themselves experienced as children. Thus, professional parent educators consider the generational cycle of violence to be the leading cause of child abuse and neglect.

The Need for Effective Intervention

In 1979, the National Institute of Mental Health funded a 2-year national project to develop and research a family-centered parenting program to help curb the serious and growing problems of child abuse and neglect. The result was a group- and home-based intervention effort called the Nurturing Parenting Programs.

The need to create such an intervention was based on the following facts:

- Reported cases of child abuse and neglect have been increasing steadily nationwide since the inception of mandatory reporting statutes in the late

From the Administrator

Since laws requiring mandatory reporting of child abuse were enacted in the late 1960's and early 1970's, the number of reported cases has increased. According to the National Clearinghouse on Child Abuse and Neglect Information, State child protective services agencies reported that just over 900,000 children were identified as victims of substantiated or indicated abuse and neglect in 1998. More than four-fifths (87 percent) of all victims were maltreated by one or both parents, with neglect by a female parent with no other perpetrators identified as the most common maltreatment pattern (45 percent).

Although many factors contribute to child abuse and neglect, many social scientists believe that the leading cause is the generational cycle of violence in which parents rear children within the context of the violence they experienced as children. In 1979, the National Institute of Mental Health funded a 2-year research project that resulted in the development of the Nurturing Parenting Programs, a family-centered parenting initiative designed to address this cycle of violence.

This Bulletin describes how parenting patterns are learned and how the Nurturing Parenting Programs help to stop the generational cycle of abuse and neglect by building nurturing parenting skills.

John J. Wilson
Acting Administrator

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1960's and early 1970's. In 1996, the U.S. Department of Health and Human Services estimated that the number of child abuse and neglect reports nearly doubled between 1986 and 1993, rising 98 percent from 1.42 million to 2.81 million. In addition, the number of seriously injured children nearly quadrupled, increasing from 141,700 in 1986 to 565,000 in 1993.

- An average of three children die of child abuse and neglect each day in the United States. The number of children who will die of these causes within the average lifespan of the typical American, 72.5 years, will approximate 80,000, the size of many small towns across the country (National Clearinghouse on Child Abuse and Neglect Information, 1998).
- Abused children exhibit high degrees of antisocial and delinquent behavior in adolescence and criminal behavior in adulthood (Bavolek, Kline, and McLaughlin, 1979). Child abuse has clearly been shown to be one of the leading causes in the development of juvenile delinquency and criminal behavior in adults (Straus, 1991).
- Coupled with the relationship between child abuse and increased delinquency and criminal behavior are the escalating costs of treatment and incarceration and the overcrowded conditions of detention centers and jails. Facilities to house lawbreakers are in short supply, while the need for such facilities keeps increasing.

How Parenting Patterns Are Learned

It is widely accepted by parent educators today that parenting patterns are learned in childhood and replicated later in life when children become parents. The experiences children have during the process of growing up have a significant impact on the attitudes, skills, and childrearing practices they will use with their own children. Although the concept of intergenerational replication of parenting is easy to accept, understanding the issues that affect the experiences children have while growing up is more complex. Professionals in the helping fields commonly discuss two types of childhood experiences:

- Positive experiences that build strong character and a sense of self-worth and that model a nurturing parenting style.
- Negative experiences that engulf children in parenting models of abuse, neglect, exploitation, and victimization.

Although neither the positive, nurturing experiences nor the negative, abusive experiences are isolated from one another, dominance of one over the other does make a difference. That is, the more children are exposed to a particular parenting style and quality of experience, the more they internalize that style and manifest it in their subsequent parenting attitudes and practices.

Process and Product

If the primary goal of the helping professions is to help families replace unwanted abusive patterns of behavior with more acceptable nurturing patterns, then a clear understanding of how people change is necessary. Parenting is both a process and a product. A process is something that happens, a direct or indirect action taken to achieve a goal or an end product. A product is the end result of a direct or indirect action. Examples are:

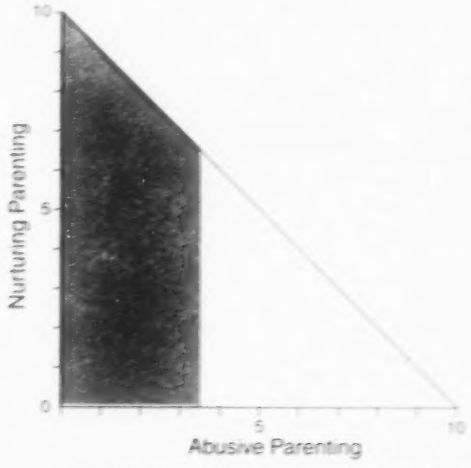
- Sexual intercourse (process) leads to pregnancy (product).
- Parenting (process) leads to parenting style of the child (product).
- Intervention (process) leads to change (product).

Any process has two opposite qualities: good/desirable and bad/undesirable. The most significant process that humans experience after birth is being parented. Parents create an environment that produces experiences that affect the growth of the individual child. In parenting, processes are either nurturing or abusive. Nurturing parenting processes employ nurturing touch, empathy, empowerment, and unconditional love to promote the overall health of the child. Conversely, abusive parenting processes such as hitting, belittling, neglecting basic needs, and other actions that lower an individual's sense of self-worth have a negative impact on the health of the child.

Abusive and Nurturing Parenting Continuum

Clearly, individuals can parent in only one of two ways—nurturing or abusive—at any given moment. The frequency and severity of each type of interaction make a significant difference in whether the child will learn nurturing parenting styles, abusive parenting styles, or some of both. Figure 1 details the relationship. The higher the degree of parental nurturing, the lower the degree of abuse because the behaviors are mutually exclusive. That is, hugging exists on the nurturing continuum, and hitting exists on the

Figure 1: Inverse Relationship of Nurturing Versus Abusive Parenting



Note: On the "nurturing parenting" axis, "10" represents the absence of abuse; on the "abusive parenting" axis, "10" represents the absence of nurturing.

abusive continuum. Praising a child is a nurturing parenting practice, and berating a child is an abusive parenting practice. At each end of the continuum, the complete presence of one behavior is the complete absence of the other. The goal of child abuse prevention is the complete absence of abuse in any form, at any time, and to any degree. As shown in figure 1, lesser degrees of physical injury are sometimes not considered reportable abuse because of the minor nature of the injury. As the severity of the physical injuries increases, so does the likelihood that a mandated reporter will view the injury as child abuse and report the case. Red marks on the wrist as a result of having hands taped together (perhaps a 5 on the scale shown in the figure) might get reported, whereas second-degree burns on the hands (a 7 or 8 on the scale) would surely elicit a response to report the injury. As the severity of the abuse increases, the level of nurturing decreases. Accepting more severe injuries to children as normal is one danger of living in a society with escalating rates of violence.

Role of Experiences

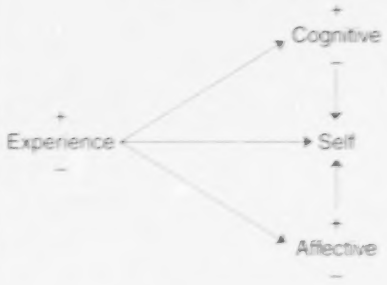
Nurturing and abusive parenting patterns are learned through experience. Experiences have either a positive or a negative effect on the development of the self (see figure 2).

Furthermore, human learning occurs on two levels: cognitive (information, facts, and knowledge) and affective (feelings). Experiences not only provide information and knowledge, but they also provoke feelings and influence attitudes (see figure 3).

When experiences are positive or pleasant, so is the impact on the self. One is left with desirable information, perceptions, and memories of the experience and with desirable feelings of comfort and pleasure. The experiences contribute to the overall health and personal development of the individual. A lifetime of positive experiences clearly can have a lasting positive effect on an individual's thoughts and feelings.

Figure 2: Impact of Experience on the Self

Figure 3: Effects of Experience on Cognitive and Affective Development



The same theory and outcome holds true with undesirable experiences. The detrimental impact of such experiences can also last a lifetime. Whether positive or negative, the quality of a person's experiences can be observed in his or her behavior. As figure 4 illustrates, what one experiences gives rise to how one behaves, which in turn gives rise to new experiences. If abuse is dominant in the life experiences of a developing child, the elements of abusive parenting can become entrenched in the child's personality, thoughts, perceptions, memories, feelings, and behaviors.

Behavior and Self-Image

In general, self-image consists of thoughts about oneself (self-concept) and feelings about oneself (self-esteem). How one is treated during the process of growing up (experiences) has a strong influence on one's overall self-image.

The experience of nurturing has been shown to exert a positive influence on self-image and self-worth. The experience of child abuse has been shown to have a detrimental impact on self-image, which in turn gives rise to a feeling of low self-worth. An individual's sense of self-worth has been shown to be the best predictor of how he or she will treat others. Those who value themselves and treat themselves with respect predictably display similar behavior toward others. The relationship between self-worth and the worth of others is a critical concept in the treatment and prevention of child abuse and neglect (Cohn, 1979).

Abusive Parenting and Childrearing Practices

The prevention of child abuse and neglect is a primary goal in the helping service fields. Theories and hypotheses have been tested, examined, and reexamined in attempts to identify the most efficient and valid ways for preventing injuries to children by their parents. Of all primary prevention strategies tested, parenting education for adults and adolescents before they become parents is often identified as the strategy most likely to prevent initial injuries to children. This belief is based on the theory that children learn abusive parenting practices from observing their parents and experiencing abuse during the process of growing up. Learned patterns of abusive parenting are transmitted from parent to child and are replicated by the child when he or she becomes a parent. Steele and Pollock (1968) and Martin (1976) observed the perpetuation theory of child abuse and neglect at work in their clinical cases. Steele, Pollock, and Martin required parents charged with child maltreatment to participate in psychiatric programs to remediate their "abusive" personality traits. Clinicians found that

Figure 4: Relationship of Experience to Behavior

abusive parents commonly referred to their own histories of childhood abuse. Similar clinical findings reported subsequently by other professionals across the country have added increased support to the perpetuation theory of abuse.

Until the mid-1970's, however, the perpetuation theory of abuse lacked supporting empirical data. From an empirical perspective, the question still remained: What percentage of abused children become abusive parents as a result of their early childhood maltreatment?

A major stumbling block in compiling empirical data to support the theory was the lack of a specific behavioral definition of parental abuse and neglect. Put in behavioral terms: What do abusive parents do that nonabusive parents do not do? The answer to this question is critical to developing effective programs and strategies to assess, treat, and prevent abusive parenting practices. To identify and categorize the known behaviors of abusive parents, Bavolek and colleagues (1979) reviewed articles, books, and media programs and interviewed professionals known for their expertise in treating child abuse and neglect. The analysis of the information garnered from these sources distinguished four patterns (constructs) of abusive and negligent parenting. These constructs are discussed in the following sections.

Inappropriate Parental Expectations of the Child

Many abusive parents have unrealistic expectations of their children's developmental skill level. Steele and Pollock (1968) found that parents in their study group expected and demanded their infants and children to behave in a manner that was developmentally inappropriate for their ages. Such parents expect more from their children than is reasonable for their developmental states. For example, they might expect an infant to be toilet trained by age 6 to 12 months, a toddler to be able to talk before the age of 2, and young children to help with housework and food preparation or to care for themselves or younger siblings in the absence of adult supervision.

Inappropriate expectations stem from abusive parents' own inadequate perceptions of self and from a lack of knowledge about the capabilities and needs of children at each developmental stage. The effect of inappropriate parental expectations on children can best be characterized as a stressful environment that negatively impacts the children's self-worth (Greven, 1990). Martin (1976) suggests that when children are unable to meet these expectations, biologically or cognitively, they perceive themselves as failures who are worthless, unacceptable, and disappointing to adults. Perry (1997) notes that a lack of critical emotional experiences and persisting traumatic stress leads to a dramatic alteration in the brain's modulation and regulation capacity. This change is characterized by an overdevelopment of brain stem and midbrain neurophysiology and functions (i.e., anxiety, impulsivity, poor affect regulation, and motor hyperactivity) and an underdevelopment of limbic and cortical neurophysiology and functions (i.e., empathy and problem-solving skills).

Lack of Empathy Toward Children's Needs

A second common trait of abusive parents is the inability to be empathically aware of their children's needs and to respond to those needs in an appropriate fashion (Steele, 1975). According to Goleman (1995), empathy builds on self-awareness; the more open individuals are to their own emotions, the more skilled they will be in reading feelings.

Empathic awareness of a child's needs entails a parent's ability to understand the condition or state of mind of the child without actually being able to experience the child's feelings. To empathize as a parent is to participate in the child's feelings and ideas (Rowen, 1975). Stern (1987) refers to the process of recognizing, accepting, and reciprocating a child's emotions as "attunement," which he contends is critical for a healthy, nonabusive parent-child bond. Abusive parents often ignore their children because they do not want to "spoil" them, with the result that the child's basic needs are left unattended (Steele, 1975). They place a high premium on the child being "good," acting "right," and learning to be obedient. However, what constitutes good and right behavior is seldom clarified. At the extreme end of the scale, these parents are violent, cruel, and physically or psychologically abusive under the guise of teaching, helping, and controlling.

The effect of inadequate empathic parental care during the early years of life is profound and enduring (Steele, 1975). Children who are ignored and whose basic needs are neglected often fail to develop a basic sense of trust in themselves and in others (Martin, 1976). Children who live in a world of parental neglect, where they are not permitted to make demands on the parents who place high value on obedience and acting right, have little or no basis for learning respect for rules and for distinguishing right from wrong. When children are taught to obey orders, they do what they are told to do because they are told to do it rather than because the behavior has intrinsic value. Such children often fail to develop confidence in themselves and in their basic abilities. Acting their age often means complying with the demands of the parents rather than testing reality (exploring their environment, challenging boundaries, saying no).

Parental Value of Physical Punishment

The third behavior common among abusive parents is a strong belief in the value of physical punishment. Abusive parents often believe babies should not be "given in to" or allowed to "get away with anything." They believe that their children must periodically be shown "who is boss" and made to respect authority so they will not become disobedient (Steele, 1975). Abusive parents not only consider physical punishment a proper disciplinary measure but also strongly defend their right to use physical force.

Physical attacks by abusive parents are not often haphazard, uncontrolled, impulsive discharges of aggression toward their children. To the contrary, studies appear to indicate that abusive parents use physical punishment as a unit of behavior designed to punish and correct specific bad conduct or perceived inadequacies. Much of what abusive parents find wrong with their children reflects the behaviors for which they were criticized and punished as children; hence, the punishment carries the approval of traditional family authority and an aura of righteousness.

The effects of physical abuse on children are often demonstrated in their subsequent behavior. Straus (1991) found that the use of corporal punishment led to the probability of deviance, including delinquency in adolescence and violent crime inside and outside the family in adulthood. In examining the effects of abuse and neglect on the optimal development of the critical areas of the brain in young children, Perry (1997) found that abused and neglected children tend to have 20 to 30 percent smaller limbic and cortical

areas of the brain. These regions of the brain regulate emotional response and attachment, which in turn lead to the expression of empathy towards others.

In addition, children who see and experience recurrent episodes of serious violence in their own families learn and believe violence is a useful way to solve problems. On becoming parents, these children tend to punish their own children more severely. Thus, abused children often become abusive parents (Straus, 1991).

Parental Role Reversal

The fourth common attribute of abusive parents is a need to reverse parent-child roles; that is, the children are expected to be sensitive to the parents' needs and responsible for much of their happiness (Martin, 1976). Steele (1975) describes this role reversal as the parent behaving as a helpless, needy child who looks to his or her own children as though they were adults who could provide parental care and comfort.

Ackley (1977) states that potential abusers both seek and shun intimate relationships. They may seek intimacy to obtain what is missing in their relationship with their parents, which leads them to define a close relationship as one in which, similar to a child, they can obtain emotional support and warmth without giving much in return; and depend on their partners to solve the problems of living that adults are called on to solve. Alternately, they may shun intimacy because their earliest childhood attempts at intimacy with their parents were seen as failures. The early failures at achieving intimacy may suggest that close relationships are dangerous, doomed to produce disappointment, and a threat to self-esteem because people cannot be trusted.

According to Ackley, the behavioral outcome of this complex set of feelings is that potential abusers replicate their earlier childhood experiences and marry individuals who are less able than most to provide emotional support and then expect their children to give them the love they have been missing all their lives. They soon learn that the early stages of parenting involve giving, not taking, and, as a result, experience only more disappointment. These parents attempt to manipulate and structure the family interactions in an effort to meet their own needs. They see their children as "inadequate" and, in their frustration, beat, chastise, belittle, or ignore the children.

Although the phenomenon of role reversal is often associated with an inability to be empathically aware of children's needs, the two behaviors are markedly different. When abusive parents fail to show empathic awareness of their children's needs, the children are often left to care for themselves. Carried to the extreme, the children are emotionally or physically neglected or abused. They are not, however, expected to assume the role of the "nurturing parent." In a role-reversal situation, children are an integral part of the family functions, often becoming a source of authority, control, and decisionmaking.

The effect of role reversal on abused children is destructive. Children who assume the role of responsible parent fail to negotiate the age-specific developmental tasks—forming close relationships with loved ones, developing a sense of trust, developing a separate sense of self—that must be mastered if they are to achieve normal development. A child's failure to perform any one developmental task not only hampers development in succeeding stages but further reinforces feelings of inadequacy. Children in a role-reversal situation exhibit little sense of self and perceive themselves as existing only to meet the needs of their parents.

Theoretical Assumptions of the Nurturing Parenting Programs

The foundation of the Nurturing Parenting Programs is that parenting is learned. The programs are based on six assumptions, several of which follow naturally from the four patterns of abusive behavior described above.

- **The family is a system.** Involvement of all members is essential to change the system. Parents and children in the Nurturing Parenting Programs participate together in group- or home-based interventions.
- **Empathy is the single most desirable quality in nurturing parenting.** Empathy is the ability to be aware of the needs of others and to value those needs. When empathy is high among family members, abuse is low—the two are essentially incompatible. The Nurturing Parenting Programs seek to develop empathy in all family members.
- **Parenting exists on a continuum.** To some degree, all families experience healthy and unhealthy interactions. Building positive, healthy interactions between family members is an important key to reducing family violence.
- **Learning is both cognitive and affective.** To be effective, education or

intervention must engage the learner on both the cognitive (knowledge) level and the affective (feeling) level.

- **Children who feel good about themselves are more likely to become nurturing parents.** Children who feel good about themselves are more capable than children with low self-worth of being nurturing sons and daughters and of becoming nurturing parents. A major goal of the Nurturing Parenting Programs is to help both parents and children increase their self-esteem and develop positive self-concepts.
- **No one truly prefers abusive interactions.** Given a choice, all families would rather engage in happy, healthy interactions than abusive, problematic ones such as belittling, hitting, and shaming.

Program Objectives

The ultimate objectives of the programs are to:

- Stop the intergenerational cycle of child abuse in families by building nurturing parenting skills.
- Reduce the rate of recidivism in families receiving social services.
- Reduce the rate of juvenile delinquency among high-risk youth.
- Reduce the rate of alcohol abuse in high-risk families.
- Lower the rate of multiple pregnancies among teenage girls.

To compete with the negative impact of inappropriate parenting, the following intermediate objectives form the basis of the programs' activities:

- Develop positive self-concept and self-esteem in all family members.
- Build an empathic awareness of the needs of others.
- Teach alternatives to hitting and yelling.
- Increase family members' awareness of their own and each other's needs, strengths, and weaknesses.
- Increase family members' awareness of the developmental needs of other family members.
- Increase communication and expressiveness within the family.
- Help parents substitute nurturing behaviors for abusive ones.
- Teach family members to promote healthy physical and emotional development for themselves and others.
- Build family support and cohesion.
- Help family members learn to have fun together.

Program Content

Target Populations

The Nurturing Parenting Programs have been field tested with families at risk for abuse and neglect, families identified by local social services as abusive or neglectful, families in recovery for alcohol and other drug abuse, families at risk for delinquency, parents incarcerated for crimes against society, and adults seeking to become adoptive or foster parents. As such, a primary use of the Nurturing Parenting Programs is to treat child and adolescent maltreatment, prevent its recurrence, and build nurturing parenting skills in at-risk populations.

There are 13 separate Nurturing Parenting Programs currently being implemented across the United States, Canada, Mexico, Europe, South America, and Israel:

- Prenatal Families.
- Parents and Children, Birth to 5 Years.
- Parents and Children, 5 to 11 Years.
- Parents and Adolescents.
- Teenage Parents and Their Families.
- Foster and Adoptive Parents and Their Children.
- Parents With Special Learning Needs and Their Children.
- Families in Substance Abuse Treatment and Recovery.
- Hmong Parents and Their Adolescents.
- African American Families.
- Crianza con Cariño Programa Para Padres y Niños (Hispanic Parents and Children, Birth to 5 Years).
- Crianza con Cariño Programa Para Padres e Hijos (Hispanic Parents and Children, 4 to 12 Years).
- The ABC's Parenting Program for Parents and Children.

Adaptations for Special Populations

Hmong families. The Nurturing Parenting Program for Hmong Parents and Their Adolescents was designed in cooperation with the staff at the Department of Social Services in Fresno, CA—location of the largest population of Hmong refugees in the United States—where delinquency rates have escalated more than 3,000 percent during the past 8 years. Because Hmong refugee families have had little to no formal support in acculturating from Laos to the United States and because many traditional Southeast Asian parenting practices are inappropriate for American society, frustrated Hmong parents have had little control over their teenage children. Rates of gang membership, delinquency, school dropouts, and drug use continue to increase among Hmong youth (H. Himes, Fresno County, CA, Social Services Department, personal communication, 1995). The program uses an instructional parenting video and a handbook for parents in the Hmong language, and the program activities take traditional Hmong values and modify them to fit Hmong life in American society. The program is active in Hmong communities throughout the United States.

Hispanic families. The Crianza con Cariño Nurturing Parenting Programs for Hispanic Parents and Children, Birth to 5 Years, and Hispanic Parents and Children, 4 to 12 Years, were developed and evaluated for Spanish-speaking families in Arizona, Colorado, Texas, Wisconsin, Mexico, and Venezuela. Agencies serving Hispanic families of Mexican, Central and South American, and Puerto Rican descent participated in the field testing. Program concepts and language were carefully edited and reviewed by Hispanic human services professionals to ensure that the nurturing parenting concepts are culturally sensitive and appropriate and accurately presented. These programs are now implemented nationwide and throughout Mexico and Central and South America.

African American families. The Nurturing Parenting Program for African American Families is designed to teach nurturing parenting within the context of African American history, traditions, practices, and beliefs. The program's information and activities provide helping

organizations with a grounded perspective for teaching nurturing parenting skills to African American parents and children.

Families in treatment and recovery. The Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery is a new psychoeducational group-based program that assists parents in strengthening their own recovery, facilitating recovery within their families, and building a nurturing family lifestyle. A core goal of this program is to nurture parents, thereby enhancing their ability to nurture their children. To enhance the richness of the experiences of nurturing and recovery, the program focuses on parenting as a relationship characterized by mutuality (building attachments with their children), authenticity (being worthy of their children's trust), and empathy. Parents develop self-awareness and build nurturing skills by using a variety of techniques and activities that accommodate different learning styles. Parents explore their childhood experiences, their fears and their strengths, and the effects of substance abuse on them and on their families. They build skills that strengthen their recovery, explore their own development as adults in recovery, and examine similarities and differences in the development of their children. This program is also useful for partners of parenting adults in treatment and recovery and for extended family members who may be parenting children of substance-abusing adults.

Program Formats

The frequency and length of Nurturing Parenting Program sessions vary according to the type of program. Generally, group-based sessions run from 2½ to 3 hours once a week. Home-based sessions run 1½ hours once a week. The number of group-based sessions varies from 12 (Parents and Adolescents) to 23 (Parents and Children, Birth to 5 Years). Home-based sessions for Birth to 5 Years programs total no more than 45. In addition:

- Group sessions are held in sites ranging from church basements to prison classrooms, but conference rooms at State, county, or private nonprofit agencies are the most common sites.
- Parents and children meet in separate groups that run concurrently.
- A total of 12 to 15 adults attend the group programs (single parents or intact couples).
- Two professionals or paraprofessionals facilitate the parent group; at least two staff (more when necessary) facilitate the children's program.
- For many families, attending a Nurturing Parenting Program has been either mandated by the court or required by social services as a stipulation of the family's treatment plan to learn new, nonabusive parenting skills. Normal (nonabusive) families who are not involved in abuse or neglect but who want to attend Nurturing Parenting Programs may register voluntarily. The programs are promoted through the media and fliers.

Home-based programs. For the first hour of a 1½-hour session, the Nurturing Parenting Program home visitor meets one-on-one with the parents. Noninfant children who do not require close supervision are free to be present as they wish, but the focus is primarily on the parents and the home visitor. Each home session follows a consistent format:

- **Icebreaker and Home Practice Check-In (10 minutes).** This is a time for parents to increase their self-awareness, for the home visitor to introduce the concept for the session, and for parents to review their success in completing their home practice exercise.
- **Parenting Skills and Self-Nurturing Activities (45 minutes).** Parents and the home visitor engage in role-playing, discuss new ideas, view videos, and express themselves through art activities using paints, markers, and clay. The focus of home sessions alternates between nurturing parenting skills and nurturing self skills.
- **Home Practice Exercise (5 minutes).** Parental activities conclude with the assignment of a home practice exercise for parents to complete for the next session.
- **Family Nurturing Time (25 minutes).** Parents and children learn new skills and ways to have fun.
  - **Infant Activities (birth to 15 months).** These include telling stories using fingers ("Mr. Pointer Finger says 'Good morning'"), systematic use of infant massage as a daily parent-child interaction, and interactive play.
  - **Toddler Activities (15 months to 3 years).** These include finger plays, hand-eye motor coordination skills, large muscle movement, sensory discovery, language development, and child massage.
  - **Preschooler Activities (3 to 5 years).** These include Hello Time, a chance for everyone to talk, sing, and have fun; Big Motor Time, activities to promote movement and large muscle exercise; Circle Time, a time for family members to talk about a topic (puppets and games are used to facilitate learning); and Art Time, a time for family members

to work together and individually on creative projects.

- **Family Hug (5 minutes).** At the end of each home visit, the home visitor, parents, and children engage in a group hug.

Group-based programs—parent format. Each session follows a consistent format:

- **Icebreaker and Home Practice Check-In (20 minutes).** Parents share their thoughts and feelings, and the group facilitator introduces the concept for the session. Home practice check-in allows parents the opportunity to share their successes in trying out new concepts and skills.
- **Parenting Skills Activities (40 minutes).** Parenting skills, nurturing routines, and behavior encouragement techniques are presented through videos, discussion, art activities, and role-playing.
- **Family Nurturing Time (30 minutes).** Parents, children, and group facilitators engage in activities, including games, songs, and infant massage, and enjoy snacks and beverages. Facilitators model and teach new skills and supervise parents in practicing them.
- **Self-Nurturing Activities (50 minutes).** Parents increase their self-awareness and self-growth and learn ways to nurture themselves through group discussion, videos, role-playing, and art activities.
- **Home Practice Exercise (5 minutes).** Parents are given a brief exercise related to the session concept to practice at home before the next session.
- **Group Hug (5 minutes).** Sessions conclude with a group hug. The intent of the hug is to increase group cohesion, offer praise, and experience positive touch.

Group-based programs—child format. Children participate in Family Nurturing Time with their parents and engage in age-appropriate activities for the remainder of the session.

- **Infant Activities (2 hours).** During the times the parents are in their groups, facilitators engage infants in age-appropriate activities, including infant stimulation, reading stories, holding, smiling, and talking to the infants.
- **Toddler Activities (2 hours).** Children participate in songs, games, and large-muscle motor activities.
- **Preschooler Activities (2 hours).** Children ages 3 to 5 participate in scheduled activities that include Hello Time, Big Motor Time, Circle Time, Art Time, and closing Group Hug.

Staff

Professionals in parent education, social work, psychology, education, public health, and the general helping fields (medicine, mental health, parent aide programs, and home visitor programs) and paraprofessionals in helping fields facilitate the parent, adolescent, and children's programs. Generally, two staff are required to facilitate the parent groups, and two or more staff are required to facilitate the children's and adolescents' groups. Professionals who have previously facilitated groups and taught parenting education and who subscribe to teaching nonviolent, nurturing parenting values and practices can successfully facilitate the Nurturing Parenting Programs.

Session Content

The Nurturing Parenting Programs teach age-specific parenting skills. The program also addresses the need to nurture oneself. These two elements are considered equally important. Each program session is divided into parenting instruction and self-improvement instruction.

Parenting instruction. Program topics related to parenting skills include:

- Discipline—philosophy of discipline, alternatives to spanking, rewards and punishment, family rules, timeout, loss of privilege, restitution, being grounded.
- Nurturing—needs and self-esteem; developing empathy; ways to nurture others; praise; nurturing routines at mealtime, bath time, bedtime, dressing time; communicating with your child through touch.
- Communication—redirecting, ignoring, communicating age-appropriate expectations, recognizing and understanding feelings, "I" statements.
- Spoiling children.
- Toilet training.
- Baby-proofing a home.
- Establishing morals, values, and rules.
- Relationship between anger, alcohol, and abuse.

Self-nurturing instruction. Program topics related to self-nurturing include individual needs; self-esteem and self-concept; handling stress and anger; communicating needs and wants; personal power; personal space; pregnancy prevention; using alcohol and drugs; dating, love, and rejection; sex and sexually transmitted diseases; choices and consequences; and ways to care for oneself.

All concepts taught in the program are discussed in the context of the participant's personal history (e.g., what experience the person has with a concept such as timeout, being hit, or feeling loved). Establishing a personal connection with the concept reinforces the likelihood that the individual will integrate it into his or her behavior, because understanding personal history plays an important role in changing old, unwanted, abusive parenting patterns.

Teaching aids. The program uses the following teaching aids to engage parents and children on both cognitive and affective levels:

- Training manuals (activities manuals) for parents, children, and adolescents. These manuals are program specific and constitute the curriculum for each of the 13 Nurturing Parenting Programs.
- Parenting handbooks for parents and adolescents. These handbooks are written at a fifth-grade reading level.
- Implementation manual that describes the how-to's of implementing the programs, facilitating groups, gathering pretest and posttest data, recruiting families, and working with children.
- Instructional videos in which actors demonstrate examples of abusive parenting with inappropriate behaviors such as hitting and yelling. Parents

discuss the interactions dramatized in the video and alternatives to the abusive behavior.

- Games for parents and children that help build their nurturing skills and provide an opportunity for them to interact and have fun together. The games reinforce the concepts that are being presented.
- Instructional aids that include card games, pictures, and questionnaires.

Facilitator Qualifications and Training

Professionals and paraprofessionals with training in teaching parents nurturing skills or a professional background in parent education are candidates to facilitate Nurturing Parenting Program classes. Empathy, positive self-worth, dependability, and sharing are desirable facilitator characteristics.

Instructor training workshops last from 2 to 4 days, depending on the group's level of sophistication. Costs also vary, depending on whether the workshops are sponsored by the agency (such as a church, YMCA/YWCA, or Boys & Girls Club) seeking to implement the Nurturing Parenting Program or whether the training is sponsored by the community and participants register individually. In the latter case, registration fees generally average $125 per workshop.

Evaluation

Methods

The initial Nurturing Parenting Program for Parents and Children 4 to 12 Years and each subsequent program were extensively field tested. The initial study funded by the National Institute of Mental Health included 121 abusive adults and 150 abused children. The average age was 30 years for adults and 6 years for children. The program was field tested in five States: Indiana, Minnesota, Ohio, Pennsylvania, and Wisconsin. Ninety-two percent of the parents and 90 percent of the children were Caucasian. The remaining parents and children were African American (6 percent), American Indian (2 percent), and Hispanic (1 percent). The initial field trial and all subsequent studies used the battery of inventories and forms described below. Each inventory was administered before the program began (pretest), at the end of the program (posttest), and 12 to 18 months after completion of the program.

- **The Adult Adolescent Parenting Inventory (AAPI):** A norm-referenced, standardized inventory designed to assess the parenting and childrearing attitudes of adults and adolescents. Responses generated from the inventory measure the expectations parents have of their children, empathy toward children's needs, belief in the use of corporal punishment, and parent-child role clarification.
- **The Children's Personality Inventory (CPI):** An informal parenting inventory for young children designed to assess the same parenting attitudes as described in the AAPI. The children respond to parenting examples with "I agree," "I'm not sure," or "I disagree."
- **The 16 Personality Factor (PF):** A standardized, norm-referenced personality inventory measuring the polarities of 16 primary personality factors and 4 secondary personality factors.
- **The Children's Personality Questionnaire (CPQ) and the Early School Personality Questionnaire (ESPQ):** Inventories based on the same 16 primary personality factors and 4 secondary personality factors measured by the 16 PF.
- **The Family Environment Scale (FES):** Inventory designed to assess 10 characteristics of family interaction patterns.
- **The Nurturing Quiz:** An informal, criterion-referenced inventory designed to measure knowledge of appropriate behavior management strategies.
- **The Family Social History Questionnaire:** An inventory designed to gather demographic data (age, gender, level of education) and perceptions of childhood experience. (Questions include: Do you feel you were abused as a child? If yes, what kind of abuse did you experience?)
- **Observational Data Collection Forms:** Forms used to collect data during longitudinal in-home observations of family interactions.
- **Program Evaluation Forms:** Forms that parents complete at the end of each weekly session, after the completion of the entire 15-week treatment program, and 1 year after completion of the program. Parents are asked to rate the quality of the instruction (1 = low to 5 = high), the usefulness of the information taught, and the likelihood that they would use the new information.

Results

Program participants.[1] Of the 121 adults who participated in the initial study, 95 (79 percent) completed the program. Of the 150 children who participated, 125 (83 percent) completed the program. Trainers rated 88 (93 percent) of the adults who completed the program as having successfully modified their abusive parent-child interactions. Seven adults (7 percent) who committed new acts of child abuse or did not achieve program goals were rated as having failed the program.

Parents' attitudes about parenting practices. Pretest and posttest data gathered from administration of the AAPI indicated that significant ($p<0.05$) positive changes occurred in the parenting and child-rearing attitudes of the parents. These changes included expectations more appropriate to the development of their children, an increased empathic awareness of children's needs, a decrease in the use of corporal punishment, and a decrease in parent-child role reversal.

Data gathered from parents 1 year after they completed the program indicated a retention of empathic attitudes toward children's needs and a clear differentiation of appropriate parent-child roles. Approval of alternatives to the use of corporal punishment increased, as did the appropriateness of the parents' expectations of their children relative to their developmental level, which showed a significant ($p<0.01$) increase.

Children's attitudes about parenting practices. Data generated from the administration of CPI indicated that prior to their involvement in the treatment program, abused children supported the use of corporal punishment by parents, showed little empathic awareness of the needs of others, and tended to support parent-child role reversals. Responses concerning developmental expectations tended to show a low level of self-awareness.

Posttest data indicated significant ($p<0.05$) increases in self-awareness and understanding of appropriate parent-child roles. The followup scores of abused children 1 year after their participation in the program indicated a significant ($p<0.01$) increase in self-awareness and a concomitant decrease ($p<0.01$) in their support of corporal punishment.

[1] All families participated on a voluntary basis (none were court-ordered to participate).

Personality characteristics of parents. The 16 PF was used to develop a personality profile of the parents who participated in the study. Prior to participation in the program, they received high scores in intelligence (abstract thinking), aggression, anxiety, independence, and radicalism (e.g., experimenting and free thinking). Their scores further indicated a highly undisciplined self-concept and disregard for rules. Posttest results showed significant increases in intelligence ($p<0.01$), enthusiasm ($p<0.01$), social boldness ($p<0.01$), and self-assuredness ($p<0.05$) and significant decreases in radicalism ($p<0.05$), anxiety ($p<0.02$), and tough demeanor ($p<0.05$).

When the personality characteristics of parents who completed the program were compared with those of parents who dropped out, the dropouts were found in general to be less intelligent and more suspicious, apprehensive, radical, frustrated, anxious, and tough minded. The data also indicate that the dropouts were more affected by feelings and more detached (aloof), careless of social rules, independent, and tougher in demeanor. In comparison with parents who successfully completed the program, those identified as "failures" (i.e., who completed the program but did not achieve program goals) tended to be more detached (aloof), threat sensitive, tough minded, practical, apprehensive, careless of social rules, frustrated, and anxious but less tough in demeanor.

Personality characteristics of children. The CPQ and ESPQ were used to develop a personality profile of the abused children who participated in the study. Their pretest responses showed personality traits that fell within the normal range for their age group, with two exceptions: they tended to be more concrete in their thinking and undemonstrative in nature. Posttest results indicated a significant increase in assertiveness ($p<0.05$), enthusiasm ($p<0.01$), and tough demeanor ($p<0.03$).

Family interaction patterns. The FES was used to develop an interaction profile of the families who participated in the study. Pretest responses indicated that abusive families tended to demonstrate low family cohesion, low expressiveness, low independence, and low achievement but a high degree of family conflict. The responses also indicated a low orientation toward intellectual, cultural, and recreational activities among abusive families.

Posttest results showed significant increases in family cohesion ($p<0.03$), family expressiveness ($p<0.03$), and family independence ($p<0.01$) and a concurrent significant decrease in family conflict ($p<0.001$). When posttest responses were compared with responses gathered 1 year after completion of the program, further significant increases were seen in family cohesion ($p<0.05$), family expressiveness ($p<0.04$), family organization ($p<0.02$), and moral-religious emphasis ($p<0.02$); a significant decrease was seen in family conflict ($p<0.05$).

When responses of parents who successfully completed the program were compared with those of parents who dropped out, the dropout parents were found in general to have lower scores for family cohesion, expressiveness, independence, organization, and control. Dropout families also tended to score lower for moral-religious emphasis and orientation toward intellectual, cultural, and recreational activities. In comparison with families who successfully completed the program, families who were identified as "failures" (i.e., who completed the program but did not achieve program goals) tended to demonstrate less family independence and organization and greater orientation toward family achievement and control.

Nurturing Quiz. Posttest data generated from administration of the Nurturing Quiz indicated a significant ($p<0.05$) increase in acquired knowledge related to behavior management concepts and techniques. No significant changes in test scores were found when the Nurturing Quiz was administered 1 year after completion of the program.

Followup in-home observations. Trained program observers conducted in-home observations of 52 families who completed the program. Each family was visited twice, and each observation lasted 2 hours. The observer engaged the family in structured interactions using an ethnographic recording strategy in which the observer wrote down what was heard and seen without subjective interpretation. The written observations were then categorized into family interaction patterns.

Data generated from the in-home observations were divided into two categories: empathy and behavior management. The most frequently observed empathic behaviors are presented in rank order in table 1. A review of the table shows that two behaviors, recognition and acceptance of feelings/needs, accounted for 54 percent of observed behaviors among family members. Dominance (demanding obedience)/submissiveness, disinterest/coldness (not paying attention to the child's needs/wants), inappropriate expectations of children, and anger accounted for 15 percent of observed family interactions.

Behavior management concepts can be applied appropriately and inappropriately. The behavior management techniques observed are presented in table 2. The appropriate use of praise was the most frequently observed behavior management technique, while ignoring was the most widely misused. The parents tended to ignore behavior that warranted either intervention or punishment.

Involvement with helping professionals. Fifty-eight percent of the families in the initial study were required to attend parenting classes or seek counseling with

Table 1: Observed Behaviors

Behaviors	Percentage of Families Exhibiting Observed Behaviors
Recognition of feelings/needs	28%
Acceptance of feelings/needs	26
Interest/warmth	19
Expression of feelings/needs	12
Dominance/submissiveness	9
Disinterest/coldness	4
Inappropriate expectations of children	1
Anger	1
Total	100

Table 2: Observed Behavior Management Techniques

Technique	Percentage of Observed Behavior Management Techniques	
	Appropriate Use	Inappropriate Use
Praise	35%	2%
Ignoring	21	16
Choices and consequences	20	4
Timeout	2	0
Total	78	22

departments of social services for child abuse prior to their participation in the program. One year after completing the program, only 16 percent of the families were still receiving such services, a decline of 42 percent. Of the families who completed the treatment program, 7 percent were charged with additional counts of child abuse.

Fifty-five percent of the families were involved in Parents Anonymous prior to their participation in the program. One year after completing the program, only 30 percent of the families were attending Parents Anonymous groups, a decline of 25 percent. Forty-seven percent of the families were receiving additional services while participating in the program. These included marital and individual counseling, family therapy, and alcohol and chemical dependency counseling. On a scale from 0 to 10 (0 = unsuccessful, 5 = successful, and 10 = very successful), program facilitators rated the overall success of the program in modifying abusive parenting behavior at 6.93.

Parent evaluation of program. Parents were asked to complete a program evaluation questionnaire immediately after they completed the program and again 1 year later. Parents were asked to use a four-point scale (1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree) to indicate whether the program helped them increase their knowledge of age-appropriate developmental expectations and behavior management techniques and their degree of self-awareness and empathy. The results of the questionnaire are presented in table 3.

Additional research. Evaluations of subsequently developed Nurturing Parenting Programs have yielded similar results. Program participants showed significant pretest and posttest changes in parenting attitudes and childrearing practices.[2]

The Nurturing Parenting Programs are family-centered programs proven to help parents and children learn to care for themselves and each other and to replace old, unwanted abusive interactions with newer, more nurturing ones.

[2] The evaluation report on continued research on the Nurturing Parenting Programs is available from the Juvenile Justice Clearinghouse (JJC). To request a copy, contact JJC at 800–638–8736 or 410–792–4358 (fax) or through www.ncjrs.org/puborder. An online abstract of the evaluation report is available from the National Criminal Justice Reference Service Abstracts Data Base: www.ncjrs.org/database.htm.

Table 3: Nurturing Program Evaluation

	Parents' Evaluation of Program*	
	At Program Completion	1 Year After Completion
Developmental expectations	1.8	2.0
Behavior management	1.4	1.5
Self-awareness	1.8	1.6
Empathy	1.5	1.9

*Parents were asked to rate the effectiveness of the program according to the following scale: 1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree.

Continued revisions and updates of the programs will ensure that families can achieve success in developing their nurturing parenting skills and that generations of abuse can finally come to an end.

For Further Information

The cost of implementing the Nurturing Parenting Programs ranges from $1,000 to $2,000, depending on the program purchased. Additional costs include staff time, snacks, and expendables such as art supplies.

For more information about the Nurturing Parenting Programs, contact:

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Stephen J. Bavolek, Ph.D., is the founder and President of Family Development Resources, Inc., and Executive Director of the Family Nurturing Center. He has conducted extensive research in the fields of parent education and child abuse and neglect prevention and has developed the Adult-Adolescent Parenting Inventory and the Nurturing Parenting Programs.

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